WA Health Equity and Diversity Strategy
2015 - 2020
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1. Message from the Director General

WA Health recognises the need for an open and inclusive workplace culture where diversity is valued and the cultural backgrounds of all employees are respected. A diverse workforce can broaden workplace knowledge and experience, generate new ideas and insights and enhance service delivery.

WA Health is committed to ensuring the workforce is representative of the Western Australian community and is responsive to the diverse needs of patients and clients.

This commitment is reflected in the WA Health Equity and Diversity Strategy 2015-2020.

For all employees, it means supporting the endeavours of WA Health in promoting equity and diversity as both a responsibility and an opportunity to show respect and support for our colleagues and the community.

I endorse WA Health’s Equity and Diversity Strategy 2015-2020 and expect all WA Health entities to take action to help achieve its objectives.

I am confident that together we will continue to build on our ongoing achievements.

Dr D J Russell-Weisz

DIRECTOR GENERAL

December 2015
2. Introduction

The Equity and Diversity Strategy (the Strategy) provides WA Health with a strategic focus to maximise our human resource potential to provide quality services for our patients and clients.

The Strategy outlines a range of initiatives to be achieved by WA Health from December 2015 to December 2020. These initiatives are grouped into three strategic areas including:

1. Governance and policy
2. Education programs and initiatives
3. Monitoring and reporting.

The Strategy identifies how WA Health will fulfill its obligation to prepare and implement an Equal Employment Opportunity (EEO) Management Plan in accordance with the objectives of Part (IX) of The Equal Opportunity Act 1984 (EO Act).

The term ‘equity and diversity’ has been adopted by the Public Sector as a more inclusive way to describe EEO. The WA Health Equity and Diversity Strategy is designed to reflect this terminology.

3. Legislative Requirements

The EO Act outlines the provisions that public authorities should include in the Strategy. These include:

1. the devising of policies and programs by which the objectives of Part (IX) are to be achieved
2. the communication of those policies and programs to persons within the authority
3. the collection and recording of appropriate information
4. the review of human resource management practices within the authority (including recruitment techniques, selection criteria, training and staff development programs, promotion and transfer policies and patterns, and conditions of service) to identify and rectify any discriminatory practices
5. the setting of achievable goals or targets, where these may reasonably be determined, against which the success of the Strategy in achieving the objectives of this Part (IX) may be assessed
6. the means of evaluating policies and programs
7. the revision and amendment of the Strategy to address compliance
8. the appointment of persons within the authority to implement the provisions contained in items 1 to 7.1

Public authorities include all public sector bodies, public universities and local governments. For the purposes of this Strategy, the term ‘authority’ refers to WA Health which incorporates the following entities:

- Department of Health
- Metropolitan Health Services.
- WA Country Health Service

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4. Development of the Strategy

Consultation
During the development of the Strategy, consultation was conducted with key internal and external stakeholders. These include, but are not limited to:

- Director Aboriginal Health, Department of Health
- Chief Medical Officer
- Chief Nursing and Midwifery Officer
- Chief Health Professions Officer
- Director Chronic Disease Prevention
- Director Corporate Governance Directorate
- Director Health Industrial Relations Service
- Executive Directors Workforce, Department of Health and Health Services
- Human Resource Policy Group
- Institute for Health Leadership, Department of Health
- WA Public Sector Commission.

Policies and Reviews
The following WA Health policies, strategic documents and reports informed the development of the Strategy:

- Aboriginal Workforce Policy
- Code of Conduct
- Disability Access and Inclusion Plan
- Employee Breastfeeding Policy
- Equal Opportunity and Diversity Policy
- Flexible Working Arrangements Policy
- Language Services Policy
- Preventing and Responding to Workplace Bullying Policy
- Reconciliation Action Plan 2012-2015 – North Metropolitan Health Service
- Recruitment, Selection and Appointment Policy and Procedure
- WA Aboriginal Health and Wellbeing Framework 2015-2030
- WA Health Aboriginal Workforce Strategy 2014-2024
- WA Health Strategic Intent 2015 – 2020
- WA Health Workforce Strategy 2015-2020 (draft).
5. **Priority Diversity Groups**

The initiatives in the Strategy highlight the commitment of WA Health to identify opportunities to continually improve and create a diverse workforce. There are five priority diversity groups which are reportable under the *EO Act*. These include:

- Aboriginal people
- Women in management
- People from culturally diverse backgrounds
- People with disability
- Youth (< 25 years).

6. **Workforce Diversity Targets**

WA public sector agencies define their own workforce diversity targets based on their current workforce representation, comparison with other public sector agencies, population demographics and business outcomes.

WA Health has set its diversity targets to reflect current diversity group representation within WA Health and the projected targets achievable through health reform over the next 5 years. The target for Aboriginal people has been set at 3.2% by the WA Public Sector Commission (PSC) for all public sector agencies. The target is aligned to the PSC’s WA Aboriginal Employment Strategy 2011 – 2015 and the WA Health Aboriginal Workforce Strategy 2014-2024.

Table 1 below outlines the workforce diversity targets by percentage for the WA Health workforce by diversity group over the next five years. These targets may be reviewed during the life of this Strategy.

It is important to note that to enable standardised benchmarking with other WA public sector agencies and to meet legislative reporting requirements, targets presented in Table 1 are calculated using data provided by the PSC\(^2\) utilising PSC methodology through the Human Resource Minimum Obligatory Information Requirements (HRMOIR) public sector reporting framework.\(^3\)

HRMOIR data is based on only those staff who have completed the WA Health Employee Diversity Survey. The survey is voluntary and requires employees to self identify. Employees who have not completed the survey or returned surveys containing blank or invalid responses are not included in these figures.

Therefore, there will be a difference between PSC measures and WA Health’s internal measures, as WA Health uses the entire workforce as a denominator, whereas PSC only includes those employees who have completed the diversity survey.

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### Table 1 – WA Health Workforce Diversity Targets 2016 – 2020

*(includes full-time, part-time, casual, sessional staff)*

<table>
<thead>
<tr>
<th>Diversity Group</th>
<th>2015</th>
<th>2015 Current Measure</th>
<th>PSC Averages *</th>
<th>WA Health** Current Measure</th>
<th>WA Health Targets***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal people</td>
<td>3.2****</td>
<td>2.6</td>
<td>3.2</td>
<td>3.2</td>
<td>3.2</td>
</tr>
<tr>
<td>Women in management tier 2</td>
<td>37.2</td>
<td>20.0</td>
<td>24.0</td>
<td>29.0</td>
<td>33.0</td>
</tr>
<tr>
<td>Women in management tier 3</td>
<td>41.3</td>
<td>52.2</td>
<td>52.2</td>
<td>52.2</td>
<td>52.2</td>
</tr>
<tr>
<td>Women in management in tier 2 &amp; 3 combined</td>
<td>40.2</td>
<td>48.1</td>
<td>50.0</td>
<td>50.0</td>
<td>50.0</td>
</tr>
<tr>
<td>People from culturally diverse backgrounds</td>
<td>12.4</td>
<td>19.2</td>
<td>19.2</td>
<td>19.2</td>
<td>19.2</td>
</tr>
<tr>
<td>People with disability</td>
<td>2.1</td>
<td>1.6</td>
<td>2.0</td>
<td>2.5</td>
<td>3.0</td>
</tr>
<tr>
<td>Youth (&lt;25 years)</td>
<td>4.4</td>
<td>5.1</td>
<td>5.3</td>
<td>5.6</td>
<td>6.0</td>
</tr>
</tbody>
</table>

* Note: PSC averages are calculated by taking an average of all Western Australian PSC agencies.

** Note: Completion of the WA Health Employee Diversity Survey is voluntary and the data represented in table 1 is based only on those employees who have completed the Survey. [http://intranet.health.wa.gov.au/hwl/equity/diversitysurvey.cfm](http://intranet.health.wa.gov.au/hwl/equity/diversitysurvey.cfm)

*** Note: WA Health targets have been set by WA Health with guidance by the PSC.

**** Note: The data presented for Aboriginal people is not the PSC average. The WA Public Sector Commission has set a target of 3.2% for Aboriginal people for all Public Sector agencies.

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7. Implementation of the Strategy

Chief and Senior Executives are accountable for the achievement of outcomes included in the Strategy. Health Services are responsible for implementing the specific initiatives outlined in the Strategy.

8. Communication

The Strategy will be communicated to all employees through WA Health circulars. The Strategy will also be circulated as an operational directive to all managers and employees and through various other communication methods, including but not limited to HealthPoint, induction sessions, email and newsletters.

Managers and supervisors are responsible for ensuring that all staff without an email address have access to the Strategy.

9. Review and Amendment

The Strategy will operate from December 2015 to December 2020, during which time it may be revised or updated to reflect changes in strategic direction. The Strategy will be reviewed and reported on annually and reviewed six months prior to its expiry with the view to developing its successor.

10. Monitoring and Reporting

WA Health will conduct regular monitoring and evaluation of the Strategy to assess if strategies are appropriate, achievable and effective in meeting the objectives of Part (IX) of the EO Act. The following reporting and assessment frameworks exist to support the evaluation of the Strategy and associated policies:

10.1 Diversity data reporting - WA Health reports diversity data quarterly through the Human Resource Minimum Obligatory Information Requirements (HRMOIR) public sector reporting framework.

10.2 Performance targets - The Director General is required to report annually to the Minister for Health on the achievement of diversity targets.

10.3 External monitoring and reporting - External monitoring and reporting is undertaken by the Director of EO in Public Employment through an annual evaluation and feedback report which provides an assessment of the extent to which the Strategy of a public authority demonstrates reasonable coverage of the requirements listed in S145 of the EO Act. Additional information about agency effectiveness in equity and diversity is gained through the collection and analysis of workforce profile information and the monitoring of staff perceptions in various surveys.
## 11. Equity and Diversity Outcomes 2015 – 2020

### Strategy Area 1: WA Health Governance and Policy

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Accountability</th>
<th>Timeframe</th>
<th>Performance Indicators</th>
</tr>
</thead>
</table>
| **1.2** Develop, promote and monitor the implementation of the following WA Health policies:  
  - WA Health Code of Conduct  
  - WA Health Equal Opportunity and Diversity Policy  
  - WA Health Preventing and Responding to Workplace Bullying Policy  
  - WA Health Flexible Working Arrangements Policy  
  - WA Health Exit Survey Policy  
  - WA Health Employee Grievance Resolution Policy and local Guidelines  
  - WA Health Employee Breast Feeding Policy  
  - WA Health Recruitment, Selection and Appointment Policy and Procedure. | Workforce Steering Committee | Policy review date  
  - Ongoing | WA Health policies are reviewed and updated in accordance with their policy review date.  
  - Department of Health/Health Services develop and implement a communication strategy.  
  - Information about WA Health policies are provided at induction.  
  - WA Health policies are communicated to staff using various methods such as operational directives, HealthPoint, email, newsletters, notice boards and education initiatives. |
| **1.3** Develop, promote and monitor the implementation of Department of Health/Health Service Reconciliation Action Plans (if applicable). | Chief Executive Officers and Senior Executives | Ongoing | Reconciliation Action Plans are reviewed and updated in accordance with their Plan review date.  
  - Department of Health/Health Services develop and implement a communication strategy. |
| 1.4 Review Job Description Forms (JDFs) prior to advertising positions to ensure they do not unlawfully discriminate against diversity groups. |
| --- | --- | --- | --- |
| As per Human Resource delegation | Ongoing | Department of Health/Health Services review all advertised JDFs to ensure they do not unlawfully discriminate against diversity groups. |
## Strategy Area 2: Employment Programs and Initiatives

### Training, Education and Support

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Accountability</th>
<th>Timeframe</th>
<th>Performance Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.1</strong> Encourage staff to attend training programs and events that celebrate diversity and culture.</td>
<td>All managers</td>
<td>Ongoing</td>
<td>Training programs and events are promoted regularly to staff using various methods including WA Health circulars, email, newsletters and notice boards.</td>
</tr>
<tr>
<td><strong>2.2</strong> Promote the use of established entry level employment programs, leadership programs and traineeships e.g.</td>
<td>Workforce Directors or equivalents</td>
<td>Ongoing</td>
<td>Entry-level employment programs and traineeships are promoted via workforce consultants and through a range of strategies including HealthPoint, newsletters, email, notice boards and universities. Department of Health/Health Services achieve annual recruitment/traineeship targets (if required).</td>
</tr>
<tr>
<td><strong>2.3</strong> Develop, promote and monitor the implementation of training initiatives that increase cultural awareness of all WA Health staff as required, for example:</td>
<td>Chief Executive Officers and Senior Executives</td>
<td>Ongoing</td>
<td>Training and awareness of different cultures is promoted to staff via operational directives, HealthPoint, email, newsletters, notice boards, induction and education initiatives. All WA Health employees undertake mandatory Aboriginal Cultural eLearning (ACeL) and Managing Cultural Diversity in Health or similar training.</td>
</tr>
<tr>
<td><strong>2.4</strong> Existing internal employee support networks (contact, grievance, peer support etc.) are maintained, appropriately supported and communicated to new and existing staff.</td>
<td>Workforce Directors or equivalents</td>
<td>Biannually</td>
<td>Up to date registers of support officers are maintained by Human Resource/workforce areas.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ongoing</td>
<td>Human Resource/workforce areas have regular contact with support officers using various methods as appropriate.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ongoing</td>
<td>Support officers receive training opportunities as required.</td>
</tr>
<tr>
<td>2.5</td>
<td>Promote the Employee Assistance Program (EAP) to staff through communication strategies, education initiatives and induction</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
| 2.6 | **Aboriginal People**  
- Implement workforce related strategies outlined in the *WA Health Aboriginal Workforce Strategy 2014-2024* and aligned to the *WA Aboriginal Health and Wellbeing Framework 2015-2030*. | Workforce Directors or equivalents | As required | Information about the EAP is circulated to staff via HealthPoint, email, newsletters, networks, notice boards and induction as appropriate. |

| 2.6 |  | Chief Executive Officers and Senior Executives | Annually | Strategies are developed and implemented. Refer to the *WA Health Aboriginal Workforce Strategy 2014-2024* and *WA Aboriginal Health and Wellbeing Framework 2015-2030*. |

| 2.7 | **Women in Management**  
- Develop, promote and monitor strategies as appropriate. | Workforce Steering Committee | As required | Strategies are developed and implemented to provide leadership opportunities for women. |

| 2.8 | **People from culturally diverse backgrounds**  
- Develop, promote and monitor strategies as appropriate. | Workforce Steering Committee | As required | Strategies are developed and implemented to attract and retain people from culturally diverse backgrounds. |

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2.9 People with disability
- Develop, promote and monitor strategies as appropriate.
- Develop partnerships with Disability Access and Inclusion Plan Coordinators to work collaboratively to achieve Outcome 7 of the WA Health Disability Access and Inclusion Plans.\(^7\)

| Workforce Steering Committee | As required | Strategies are developed and implemented to attract and retain people with disability. |
| Workforce Steering Committee | Ongoing | Strategies to achieve Outcome 7 of WA Health Disability Access and Inclusion Plans are developed and implemented by employers. |

2.10 Youth (<25 years)
- Develop, promote and monitor strategies as appropriate.
- Develop and implement programs that support and encourage employment opportunities for youth. e.g. graduate development programs for clinical and non-clinical staff, traineeships, cadetships, mentoring programs and entry-level positions.

| Workforce Steering Committee | Ongoing | Strategies are developed and implemented to attract and retain youth. |
| Workforce Steering Committee | Annually | A minimum of 10 non-clinical graduate placements through the Graduate Development Program each year across WA Health provided for people under 25 years. |

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\(^7\) Disability Services Commission, Western Australia, 2013, *Disability Access and Inclusion Plans (DAIPs): Outcome 7 Information pack*
<table>
<thead>
<tr>
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<th>Timeframe</th>
<th>Performance Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3.1</strong> Monitor progress against workforce diversity targets based on their current identified workforce representation.</td>
<td>Workforce Steering Committee supported by the Workforce Directorate</td>
<td>Quarterly</td>
<td>Department of Health reports on identified workforce representation and distribution.</td>
</tr>
<tr>
<td><strong>3.2</strong> Promote and monitor the implementation of the Employee Diversity Survey across WA Health to collect diversity information from all employees.</td>
<td>Workforce Steering Committee</td>
<td>Ongoing</td>
<td>Employee Diversity Survey is included in all new recruitment starter packs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ongoing</td>
<td>A link to the diversity survey is made visible on HealthPoint homepage.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Annually</td>
<td>Annual reminders are sent to staff through various methods including HealthPoint, newsletter and email.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>December 2016</td>
<td>A targeted diversity survey awareness campaign promoted to staff via MyHR and the intranet.</td>
</tr>
</tbody>
</table>
Glossary

Aboriginal people
Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

EEO
Equal employment opportunity (EEO) means that all peoples regardless of gender, race, colour, age, marital or parental status, sexual preference, disability or religious belief have the right to be given fair consideration for a job or other job related benefits such as staff training and development.

EO Act
The Equal Opportunity Act 1984 (EO Act) is the main piece of legislation underpinning the principles of equal opportunity in Western Australia. The Act addresses discrimination in the areas of employment, accommodation, education and the provision of goods, facilities, services and activities on the following grounds:
- sex
- sexual orientation
- gender history
- family responsibility or family status
- marital status
- race
- religious or political conviction
- age
- impairment
- pregnancy

People from culturally diverse backgrounds
Are born in countries other than those outlined below, which have been categorised by the ABS as mainly English speaking countries:
- Australia
- Canada
- England
- Ireland
- New Zealand
- Northern Ireland
- Scotland
- South Africa
- United States of America
- Wales.

People with disability – This term is used to refer to people who have an ongoing disability and employment restriction that requires
- modified hours of work or time schedules
- adaptations to the workplace or work area
- specialised equipment
- extra time for mobility or for some tasks
- ongoing assistance or supervision to carry out their duties.

Women in management
Women in management refers to the representation of women in the top three management tiers.

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8 Department of Health. 2013, OD 0435/13 - Use of the term ‘Aboriginal’ in all forms of WA Health Communication.